Reaching Consensus and Planning Ahead

Health Forums 2001

Provincial Profile: Health & Community Services

GOVERNMENT OF
NEWFOUNDLAND
AND LABRADOR
Department of
Health and Community Services
Policy Development Division

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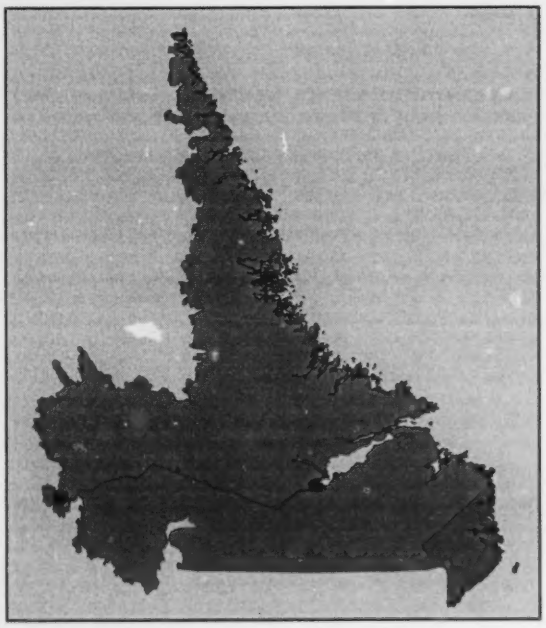
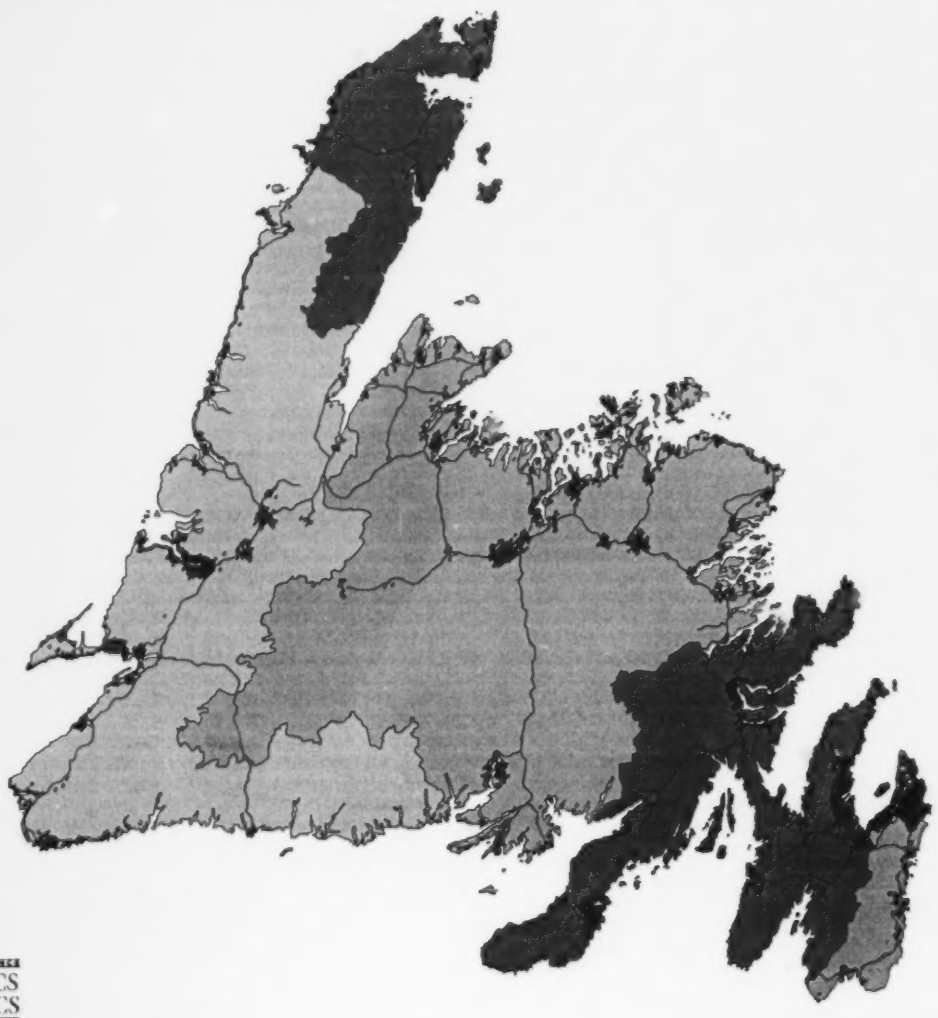


Newfoundland & Labrador Population Distribution, 2001

Health and Community Services Boards

- Health and Community Services St. John's
- Health and Community Services Eastern
- Health and Community Services Central
- Health and Community Services Western
- Grenfell Regional Health Services Board
- Health Labrador Corporation

1 Dot Represents 100 People



DEPARTMENT OF FINANCE
ECONOMICS & STATISTICS BRANCH

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Please Note

Unless otherwise specified data provided are from Department of Health & Community Services data systems.

Additional copies of this document, as well as the other Regional Profiles, can be obtained from the Government of Newfoundland and Labrador Web Site at:

www.gov.nf.ca/publicat

Foreword

Julie Bettney
Minister of Health and
Community Services

It is my pleasure to join you on November 27 and 28, 2001 in Gander for the Provincial Health Forum to get your perspective on the current and future health and well-being of the residents of Newfoundland and Labrador. During October, Regional Forums were held in seven locations throughout the Province. The Provincial Forum is a chance for individuals from all regions of the Province to come together to address the priority issues facing health and community services in our Province and contribute to the shaping of a Strategic Health Plan for our Province. This is no small task.

The vast geography of Newfoundland and Labrador, with its many dispersed communities, provides its own particular challenges for service delivery. As of the 1996 Census, the Province was comprised of 662 communities (290 incorporated and 372 unincorporated), spread across 371,635 square kilometers. The Province has only one-third of the population of the other Atlantic Provinces combined but covers approximately three times the geographic area, presenting us with some unique situations.

Throughout *Health Forums 2001*, we were conscious that budgetary considerations are an issue for all regions of the Province, and thus, we must determine how to address this to the best advantage of all concerned. While at one time the population of Newfoundland and Labrador was the youngest in the Country, it is now aging more rapidly than most other provinces. This too makes us constantly aware that we need to rethink how we provide services.

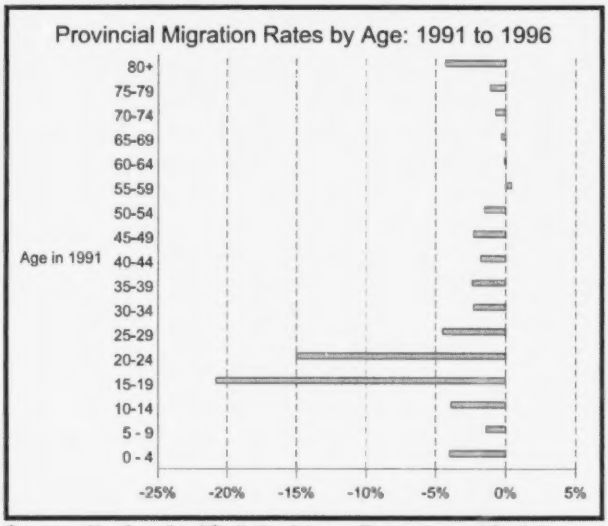
Your input into this process is very important and I would personally like to thank you for your interest and participation.

Julie Bettney, MHA
Minister of Health and Community Services

Introduction

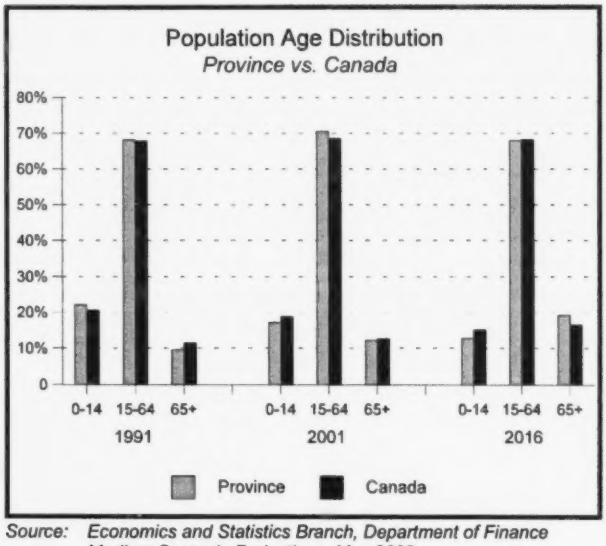
HEALTH AND COMMUNITY SERVICES IN NEWFOUNDLAND AND LABRADOR

Since 1991, the population of the Newfoundland and Labrador has decreased from 579,525 to its current population of 521,200, and it is anticipated that this will decrease to 500,394 by 2016. Newfoundland and Labrador is the only province in the Country that experienced an overall population decline since 1991. This decline is not limited to the 1990's. The population of the Province hit a high of 580,200 in 1984, dropped slightly during the late 1980's and returned to this high during 1992 and 1993. The population of Newfoundland and Labrador has declined by 7.9 percent since 1985, while the population of the Country as a whole increased by 20.3 percent. Provinces and territories like Ontario, Alberta, British Columbia and the Yukon have grown by more than 20 percent during this same time period.



Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on information from Census of Population, Statistics Canada, as well as births and deaths information provided by the Newfoundland and Labrador Centre for Health Information.

The map on the inside front cover provides an indication of the population distribution throughout the Province, with 46 percent of residents living on the Avalon Peninsula. Recent estimates indicate that this is currently in the area of 50 percent. Almost 32 percent of residents of the Province live in the St. John's metropolitan area alone.



Source: Economics and Statistics Branch, Department of Finance Medium Scenario Projections, May 2002

The reasons for the population decline in the Province are threefold: out-migration, decreasing birth rates and increasing mortality rates. While the Province as a whole is experiencing these phenomena, the effects of out-migration vary across the Province, with some areas being affected more than others. Net out-migration in the Province has been highest between the ages of 15 and 24. Of the 15 to 19 year-olds in the Province in 1991, 21 percent of

them had migrated out of the Province before they reached the ages of 20 to 24 in 1996. Additionally, of the 20 to 24 year-olds in the Province 1991, 15 percent of them had migrated out of the Province before they reached the ages of 25 to 29 in 1996.

Another interesting element of the population breakdown is the age distribution. The population of Newfoundland and Labrador has traditionally been a younger population than that of the Country as a whole. However, due to declining birth rates and youth out-migration patterns, the population of the Province is now aging more rapidly. Currently, Newfoundland and Labrador has a marginally lower proportion of individuals age 65 and older than the Country as a whole, but this trend is expected to reverse over the next 15 years. This will have a major impact on how programs and services are delivered across the Province.

WHAT IS POPULATION HEALTH?

Nationally and provincially there is strong support for using a population health approach to guide the current and future direction of the health and community services system. As an essential component of all health policy, a population health approach aims to improve the health of the entire population and to reduce health inequities among population groups. A population health approach reflects the evidence that factors outside the health system significantly affect health. It considers the entire range of individual and collective factors and conditions - and their interactions - that have been shown to be correlated with health status. These factors are commonly referred to as the *Determinants of Health*. Crucial to this definition is the notion that these factors do not act in isolation of each other. It is the complex interactions among these factors that have an even more profound impact on health.

The Determinants of Health:

- Health Services
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Social Environments
- Social Support Networks
- Education
- Income and Social Status
- Employment and Working Conditions
- Physical Environment
- Gender
- Culture

A population health approach recognizes that any analysis of the health of the population must extend beyond an assessment of traditional health status indicators like death, disease and disability. A population health approach establishes indicators related to mental and social well-being, quality of life, life satisfaction, income, employment and working conditions, education, and other factors known to influence health. With this in mind, this document has been prepared to provide you with a initial description of the Province from a health determinants perspective. It is hoped that this first Departmental endeavor at compiling such a broad array of relevant information will inform the *Health Forums 2001* consultations and be a useful tool in the decision-making process ahead.

Health Services

Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function, contribute to population health.

The discussion document, *Reaching Consensus and Planning Ahead*, provides an overview of the structure, funding and significant issues facing the Province's Health and Community Services System. This section is intended to consolidate some of the information that was described in the six regional profiles developed for the regional forums held during October 2001.

STRUCTURE OF THE PROVINCIAL HEALTH AND COMMUNITY SERVICES SYSTEM

Fourteen Health Boards, thirteen Regional and one Provincial, provide the majority of publicly funded health and community services in the Province. A number of other organizations such as women's shelters and group homes are also funded through the provincial health and community services budget, but have separate governance structures. In addition, medical services, which includes both primary care and specialist services make up a significant portion of the health services available to residents of the Province.

A snapshot of some of the service delivery components that exist throughout the Province is provided below. A more comprehensive overview of the services and facilities in the various regions can be found on pages seven through ten of this document.

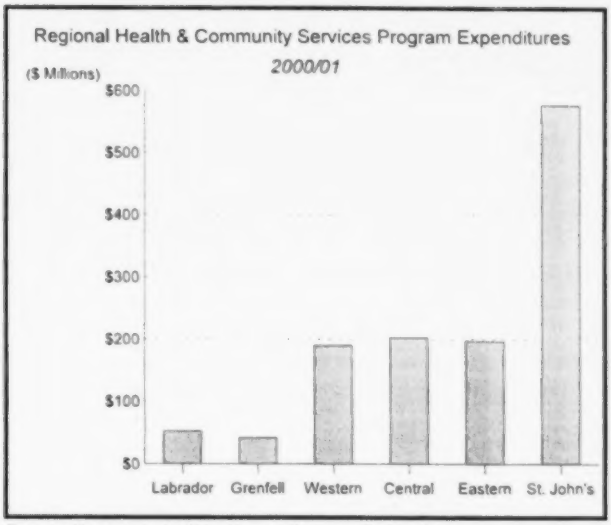
Regional Summary
Service Delivery Components

	Labrador	Grenfell	Western	Central	Eastern	St. John's	Province
Acute Care Beds	42	64	273	294	207	801	**1,681**
Long-Term Care Beds	54	55	440	510	522	1,258	**2,839**
Admissions/Discharges	2,236	2,100	11,000	11,200	8,200	30,500	**65,236**
Emergency Visits	35,000	8,600	58,000	78,000	107,000	126,000	**412,600**
Outpatient Operating Room Visits	1,000	2,000	4,200	6,000	2,000	9,400	**24,600**
HCS Offices	7	5	18	37	31	8	**106**

Source: Department of Health and Community Services

THE COST OF HEALTH AND COMMUNITY SERVICES IN THE PROVINCE

When regional health and community program expenditures are summed across the six regions, the total figure for the Province is $1,259,690,000. This represents 88.2 percent of the total Provincial Health and Community Services expenditures of $1,428,135,800. The remaining 11.8 percent is accounted for by other departmental expenditures, provincial programs, and capital expenditures. Further information regarding health services funding can be found on pages 11 through 13 of *Reaching Consensus and Planning Ahead*.



Source: Department of Health and Community Services

HEALTH AND COMMUNITY SERVICES SECTOR ACTIVITY IN THE PROVINCE

Although it is difficult to accurately measure the type, level, and quantity of services delivered in the Province, the following information provides us with some useful knowledge about our health and community services system. While most of the material provided applies to the institutional sector, efforts are ongoing to develop data collection systems for community programming areas.

The institutional boards are active throughout the Province from both an inpatient and outpatient perspective. In 1999/00 residents in Newfoundland and Labrador were hospitalized over 65,000 times and made over 400,000 emergency visits. In addition, over 24,000 outpatient surgeries were performed in that same year.

A closer analysis of the most common outpatient surgeries highlights a number of interesting findings. Residents of the Province underwent 19,288 outpatient surgical procedures. Of that number, 8.5 percent were performed on children 19 years and younger, with myringotomy or the insertion of tubes in the ears being the most common. Myringotomy accounted for 67.8 percent of all procedures

Common Surgical Day Procedures (1999/00)

	Males		Females		Total
Endoscopy (*nonoperative*)	4,198	48.9%	4,395	51.1%	8,593
Lens Extraction	579	35.9%	1,033	64.1%	1,612
Heart/Pericardium Procedure	895	69.8%	388	30.2%	1,283
Skin Excision	905	44.0%	1,154	56.0%	2,059
Invasive Diagnostic Procedure	1,340	46.3%	1,557	53.7%	2,897
Myringotomy	718	59.1%	497	40.9%	1,215
D & C of the Uterus	-	-	1,629	100.0%	1,629
Total	8,635	44.8%	10,653	55.2%	19,288

Source: Newfoundland & Labrador Centre for Health Information

St. John's Region

The St. John's Region runs from Conception Bay South to Seal Cove to St. Shott's

Population: 183,267
0-14: 17.3%, 15-64: 71.5%, 65+: 11.2%

Health Care Corporation of St. John's

- 4 Hospitals
- 1 Health Centre
- 1 Rehabilitation/long-term care centre
- Also responsible for provincial programs and many tertiary care programs
- 801 Acute Care Beds
  - Comprising approx.48% of all acute care beds in the Province

St. John's Nursing Home Board

- 1000 Long-Term Care Beds
  - Comprising approx. 35% of all long-term care beds in the Province

Newfoundland Cancer Treatment and Research Foundation

- 1 Provincial Cancer Centre
- 4 Regional Cancer Programs
- 3 Regional Cancer Clinics
- Delivers cancer care throughout the Province, including: chemotherapy, radiation therapy, palliative care, nutrition counselling, and research.

St. John's Health and Community Services Board

- 8 HCS Offices/Clinics in 8 communities
- Provides Addiction Services, Child, Youth and Family Services, Community Mental Health Services, Community Support Services, and Health Promotion and Prevention

Chancellor Park

- 188 long-term care beds
  - Comprising approx.7% of all long-term beds in the Province

Eastern Region

The Eastern Region runs from Peter's River to Holyrood.
It includes the Bonavista and Burin Peninsulas and the Clarenville area to Port Blandford.

Population: 112,299
0-14: 16.6%, 15-64: 69.9%, 65+: 13.5%

Avalon Health Care Institutions Board

- 1 Hospital
- 2 Health Centres
- 1 Clinic
- 1 Nursing Home
- 94 Acute Care Beds
  - Comprising approx. 6% of all acute care beds in the Province
- 256 Long-term Care Beds
  - Comprising approx. 9% of all long-term beds in the Province

Eastern Health and Community Services Board

- 31 HCS Offices/Clinics in 21 communities
- Provides Addiction Services, Child, Youth and Family Services, Community Mental Health Services, Community Support Services, and Health Promotion and Prevention

Eastern Region (continued)

Peninsulas Health Care Corporation

- 2 Hospitals
- 3 Health Centres
- 2 Nursing Homes

- 113 Acute Care Beds
  - Comprising approx. 7% of all acute care beds in the Province

- 191 Long-term Care Beds
  - Comprising approx. 7% of all long-term beds in the Province

Pentecostal Senior Citizens Home

- 75 long-term care beds
  - Comprising approx. 3% of all long-term beds in the Province

Central Region

The Central Region runs from Terra Nova National Park to Sandy Lake, including coastal communities from Eastport to Purbeck's Cove. It includes the Buchans area and the Connaigre Peninsula to McCallum and Recontre East.

Population: 102,430
0-14: 16.3%, 15-64: 69.6%, 65+: 14.1%

Central East Health Care Institutions Board

- 2 Hospitals
- 2 Health Centres
- 1 Nursing Home

- 136 Acute Care Beds
  - Comprising approx. 8% of all acute care beds in the Province

- 179 Long-term Care Beds
  - Comprising approx. 6% of all long-term care beds in the Province

Central West Health Corporation

- 2 Hospitals
- 3 Health Centres
- 3 Nursing Home

- 158 Acute Care Beds
  - Comprising approx. 9% of all acute care beds in the Province

- 331 Long-term Care Beds
  - Comprising approx. 12% of all long-term care beds in the Province

Central Health and Community Services Board

- 37 HCS Offices/Clinics in 32 communities

- Provides Addiction Services, Child, Youth and Family Services, Community Mental Health Services, Community Support Services, and Health Promotion and Prevention

Western Region

The Western Region runs from Rencontre West to the Port au Port Peninsula to Bartlett's Harbour and from Jackson's Arm to Channel-Port aux Basques, including Howley, Hampden, and The Beaches.

Population: 82,585
0-14: 17.1%, 15-64: 69.8%, 65+: 13.1%

Western Health Care Corporation

- 2 Hospitals
- 4 Health Centres
- 3 Nursing Homes
- 273 Acute Care Beds
  - Comprising approx. 16% of all acute care beds in the Province
- 440 Long-term Care Beds
  - Comprising approx. 15% of all long-term beds in the Province

Western Health and Community Services Board

- 18 HCS Offices/Clinics in 18 communities
- Provides Addiction Services, Child, Youth and Family Services, Community Mental Health Services, Community Support Services, and Health Promotion and Prevention

Grenfell Region

The Grenfell Region runs from New Ferrole to St. Anthony to Harbour Deep and includes coastal Labrador south of Black Tickle.

Population: 16,775
0-14: 17.6%, 15-64: 70.9%, 65+: 11.5%

Grenfell Regional Health Services Board

- 1 Hospital
- 3 Health Centres
- 5 Nursing Stations
- 1 Nursing Home
- 64 Acute Care Beds
  - Comprising approx. 4% of all acute care beds in the Province
- 55 Long-term Care Beds
  - Comprising approx. 2% of all acute care beds in the Province

Grenfell Regional Health Services Board
Community-Based Programs & Services

- 5 HCS Offices/Clinics in 5 communities
- Provides Addiction Services, Child, Youth and Family Services, Community Mental Health Services, Community Support Services, and Health Promotion and Prevention

Labrador Region

The Labrador Region includes central and western Labrador, and coastal Labrador north of, and including, Black Tickle.

Population: 23,840
0-14: 22.4%, 15-64: 73.0%, 65+: 4.6%

Health Labrador Corporation

- 2 Hospitals
- 2Community Clinics
- 8 Nursing Stations
- 1 Nursing Home

- 42 Acute Care Beds
  - Comprising approx. 2% of all acute care beds in the Province

- 54 Long-term Care Beds
  - Comprising approx. 2% of all long-term beds in the Province

Health Labrador Corporation
Community-Based Programs & Services

- 7 HCS Offices/Clinics in 7 communities

- Provides Addiction Services, Child, Youth and Family Services, Community Mental Health Services, Community Support Services, and Health Promotion and Prevention

Labrador Inuit Health Commission

- Serves the Inuit in the communities of Happy Valley-Goose Bay, Hopedale, Makkovik, Nain, North West River, Postville and Rigolet.
- Provides a range of community health programming, including: public health nursing, diabetic education, home support, addictions, mental health and family services
- Accesses Health Labrador Corporation for other community-based services, nursing, home care and all acute care services

Mushuau Innu Health Commission

- Serves the Innu of Davis Inlet
- Provides a range of community health programming, including: public health nursing, diabetic education, home care, addictions, mental health and family services

Sheshatshui Inuu Health Commission

- Serves the Innu of Sheshatshiu
- Provides a range of community health programming, including: public health nursing, diabetic education, home care, addictions, mental health and family services

Newfoundland and Labrador

Population: 521,200
0-14: 17.2%, 15-64: 70.5%, 65+: 12.3%

- 16 Hospitals
- 18 Health Centres
- 1 Rehabilitation/Long-Term Care Centre
- 21 Nursing Homes
- 3 Community Clinics
- 13 Nursing Stations
- 106 HCS Offices/Clinics in 91 communities

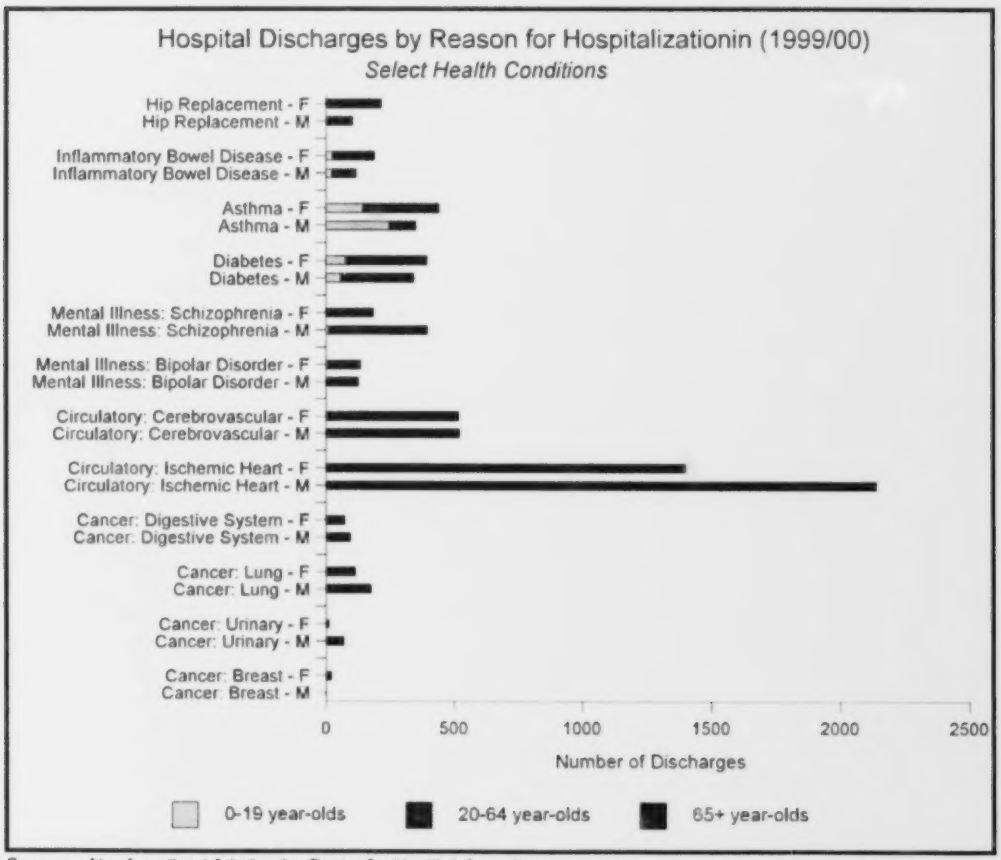
- 1,681 Acute Care Beds
- 2,839 Long-term Care Beds

performed on young people, while skin excision accounted for another 20.1 percent. A higher number of males than females (54.1% vs. 45.9%) underwent these surgical interventions.

Adults between the ages of 20 and 64 years were the recipients of over 63 percent of the procedures analyzed. This age group experienced more invasive diagnostic procedures (73.3%), endoscopy (67.4%), procedures on heart/pericardium (67.6%) and excision of skin (67.1%) than the other age groups. Additionally, more females than males underwent these procedures (54.3% vs. 45.7%).

Individuals 65 years and older experienced 5,471 surgical outpatient procedures, representing 28.4 percent of the procedures studied. Lens extraction, or cataracts, was the only procedure where older adults outnumbered the other age groups (81.2%). More males than females were the recipients of outpatient surgeries in this age category (53.1% vs. 46.9%).

When hospitalization patterns for a range of common health conditions are explored a number of trends are observed. Residents of the Province experienced 8,171 hospital admission/discharges for the range of conditions studied. Older adults were most often hospitalized for these reasons and they accounted for 48. percent of the admission/discharges. Adults between the ages of 20 and 64 years experienced 43.6 percent



Source: Newfoundland & Labrador Centre for Health Information

of hospitalizations for the selected conditions, while children 19 years and younger experienced 7.6 percent of the admission/discharges. In total, males were more frequently hospitalized for these conditions than females (54.5% vs. 45.5%) and this trend held true in all three age categories.

Circulatory disorders accounted for over one half of these selected hospital stays (56.1% or 4,587 hospitalizations). Of that number, 62 percent was experienced by older adults. Mental illness was the next most frequent cause of hospitalization, at 10.3 percent. Adults in the middle age range were most often affected by this diagnosis (82.8%), with males outnumbering females (64% vs. 36%). The diagnosis of asthma accounted for nearly 10 percent of the hospitalizations. This was the only condition in the group of disorders studied where the greatest number of admissions were experienced by young people (49.3%). Females were hospitalized more often than males (55.7% vs. 44.3%). Diabetes was the cause of over nine percent of the hospital stays analyzed. The disorder was dispersed among all age groups (18.1%, 44.9% and 37.0%) and was more often associated with females (53.4% vs. 46.6%).

In summary, adults 65 years and over experience hospitalization for circulatory disorders, cancer, and total hip replacement (62.1%, 62.8% and 73.1%, respectively) more often than individuals in the other age groups. Adults in the middle age range were more likely to be hospitalized for mental illness, inflammatory bowel disease and diabetes (82.8%, 73.2% and 44.9%, respectively) than were children or older adults. Males experienced more circulatory disorders, cancer and mental illness, while females more frequently had the diagnoses of asthma, diabetes and inflammatory bowel disease.

The publicly funded immunization programs in Newfoundland and Labrador include childhood and adult immunizations. Childhood vaccines protect against tetanus, diphtheria, polio, whooping cough, haemophilus influenzae B, measles, mumps and rubella (DPTP/Hib & MMR) in a series of six visits between the ages two months and five years. School programs include hepatitis B and a booster for tetanus in Grade Four, and diphtheria and whooping cough (TdaP) in Grade Nine. Since 1999, Level 2 students have been receiving a second dose of measles, mumps, and rubella vaccine. Adult immunizations protect against influenza and pneumococcal disease. These immunization programs are provided by community health nurses and physicians in all six regions of the Province and continue to obtain excellent coverage. While exact figures are not available from all other Provinces at this time, preliminary analysis has shown that immunization coverage rates in the Province tend to be higher than for most of the other provinces and territories.

Provincial Immunization Coverage Rates

	DPTP/Hib & MMR	Hepatitis B
1995	98.7%	96.7%
1996	98.6%	94.0%
1997	98.8%	97.4%
1998	98.2%	96.3%
1999	98.0%	96.9%

Source: Department of Health & Community Services

The Child Youth and Family Services Act, proclaimed in January 2000 reflects a cultural shift in service delivery practices. Although the safety of the child remains paramount, new ways of intervening promote early intervention and greater emphasis on prevention activities. During

2000, there were 6,549 children under the age of 16 who received some form of protective intervention service because they were vulnerable to abuse and violence. Just under 49 percent were female. In addition, residential placements were provided for approximately 900 children and youth. This includes the 228 children in continuous custody (i.e. permanent care), 302 youth over the age of 15 (who signed voluntary care agreements) and the remainder, 370, who were temporarily placed for short periods but are now back with family.

MODEL OF SERVICE COORDINATION FOR CHILDREN AND YOUTH

This program is a major interdepartmental initiative involving four government departments (Education, Health and Community Services, Human Resources and Employment and Justice); the purpose of which is to deliver a coordinated, integrated service to children and youth with outstanding need. It is a provincial case management and early stage intervention process that attempts to provide children and families with the identified supports and treatments needed to maximize healthy growth and development.

One significant component of the Model is the creation of a database that reflects the needs of children throughout the Province. When children/youth are identified as requiring services, they are assessed and a team approach is used to develop an individual support services plan to address their needs. Limited and anonymous data on each child is then keyed into a provincial database in order to compile both a regional and provincial profile of the issues and needs of the children of the Province. The creation of the database is under development and is not fully operational but preliminary results highlight its potential usefulness for any number of planning initiatives.

A total of 6,017 children/youth have been profiled over the three years that the Model has been implemented On average, each child was assessed as having almost two distinct areas of need. The most common problems identified tended to be learning related, although behavior problems were also a frequently identified area of concern.

Common Primary Areas of Need

	Times Identified	
Academic Leaning Difficulties (Including Learning Disabilities)	3,987	39.7%
Developmental and Cognitive Delays	1,645	16.4%
Speech and Language Difficulties	1,504	15.0%
Behavior Problems	979	9.8%

Source: Client Referral Management System (CRMS), Department of Health and Community Services

Gender information is not available for all children and youth profiled during initial stages of the Model's implementation. More recent data suggest, however, that there are significantly more males than females receiving services through this process. For the 4,500 children/youth with an identified gender, thirty four percent, or one in three, were female.

HUMAN RESOURCE ISSUES

The human resource component of the provincial Health and Community Services system is, in many respects, the most significant aspect of the entire sector. Consuming approximately 70 percent of the provincial health and community services budget, the operation of the system is wholly dependent on the human element. The ongoing advances in science and technology necessitate continuous and timely professional development and skills training throughout the workforce. Retention and recruitment of qualified, satisfied staff poses real challenges in many areas of the Province, and for many professional groups. As a labor intensive system, staffing issues are paramount and complex. The most pressing human resource concerns facing the Province, which are experienced nationally as well, are outlined in *Reaching Consensus and Planning Ahead* (see pages 20 to 23).

Selected Front-Line Unionized Employees (1999)

	Labrador	Grenfell	Western	Central	Eastern	St. John's	Province
Nurses	145	145	704	650	570	2,497	**4,711**
Licensed Practical Nurses	54	79	431	472	408	1,082	**2,526**
Laboratory/X-Ray	21	18	97	123	109	277	**645**
Social Workers	14	10	112	77	100	243	**556**
Occupational Therapists	2	1	11	6	8	68	**96**
Physiotherapists	2	2	5	11	8	61	**89**
Pharmacists	2	1	13	10	7	39	**72**
Psychologists	0	0	6	4	2	40	**52**

Number of Physicians (March 2000)

	Labrador	Grenfell	Western	Central	Eastern	St. John's	Province
General Practice	20	14	65	78	83	172	**432**
Specialists	5	17	59	56	41	302	**480**
Total	25	31	124	134	124	474	**912**

Source: Department of Health and Community Services

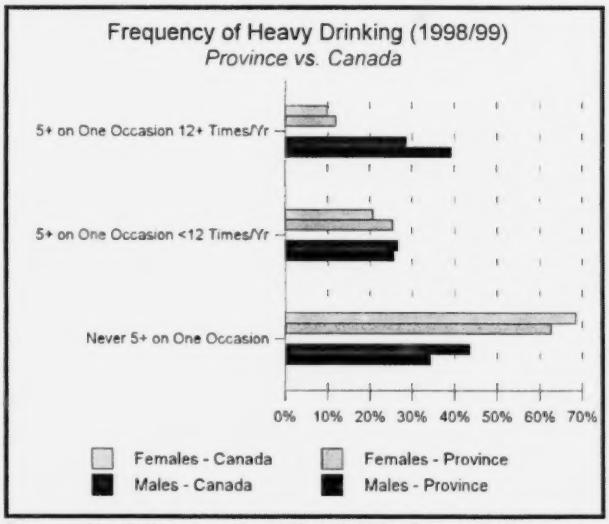
Personal Health Practices and Coping Skills

Social environments that enable and support healthy choices and lifestyles, as well as people's knowledge, intentions, behaviours and coping skills for dealing with life in healthy ways, are key influences on health. Through research in areas such as heart disease and disadvantaged childhood, there is more evidence that powerful biochemical and physiological pathways link the individual socioeconomic experience to vascular conditions and other adverse health events.

One's personal habits in areas such as smoking, drinking, eating, and routine exercise have been shown to have a significant impact on one's health. Results of the National Population Health Survey (1998/99), which surveyed individuals age 12 and over, provide us with some insight into these areas.

When asked about their smoking habits, 28.6 percent of respondents (Canada: 26.5%) reported that they were currently smoking, with 20 to 44 year-olds being among the highest. Females were less likely to smoke than males (NF: 25.0% vs. 32.2%, Canada: 25.3% vs. 27.8%) and this difference was larger in the Province than for the Country as whole. Males across the Province and the Country were also more likely to have smoked in the past.

Major gender differences were seen in reported drinking. Overall, individuals who did drink were most likely to not be heavy drinkers, but males across the Province and the Country were much more likely to report that they were heavy drinkers. Additionally, male residents of Newfoundland and Labrador were more likely to be very heavy drinkers, than males across the Country as a whole.



Source: Health Indicators, April 2001, Statistics Canada. Catalogue no. 82-221-XIE.

Routine physical activity has consistently been shown to be one way that people can achieve better overall health. Research by the Canadian Fitness and Life-styles Research Institute has found that approximately 60 percent of Newfoundlanders and Labradorians are inactive. While this has improved since 1981, when the figure was 86 percent, it is still a concern for the Province. Two out of three people in this Province are still not active enough to realize health benefits. Women are not as active as men and there is still an alarming incidence of childhood obesity all across Canada. Inactivity also decreases with higher levels of education and income. Four groups

have been identified across Canada as being most at risk from inactivity: the poor, people of aboriginal/indigenous ancestry, children, and women.

The National Population Health Survey (1998/99) also looked at one's body mass index (weight/height). For the Country as whole, males (36.6%) were more likely to be overweight than females (25.7%), and females were much more likely to be underweight than males (11.4% vs. 3.1%). Provincially, males (46.0%) are also more likely to be overweight than females (39.2%). Of importance, is the fact that the percentage of individuals overweight in this Province (42.7%) is the highest in the Country, and this is not a new phenomena. Given the low activity levels, the number of persons overweight, and our aging population, it is not surprising that we have the highest death rates due to circulatory disease in the Country.

One other area where one's personal practices can have an effect on one's health is in the area of sexually transmitted diseases. Chlamydial infections are the most commonly reported sexually transmitted disease. Although the number of cases in the Province appear to have declined in the mid 1990's, they seem to be on the rise again. It is difficult to determine though whether this is due to increased testing by physicians or actual increased incidence. Most cases reported are among females between the ages of 15 and 24. Incidence of gonorrhoea has become minimal and syphillis has disappeared in recent years.

Since HIV reporting began in 1984, 205 (158 male and 47 female) cases of infection have been registered across the Province. Of these, 82 (64 male and 18 female) have developed AIDS. While there was a significant increase in HIV/AIDS in the early to mid 1990's, there appears to have been somewhat of a decline in the past few years. Most cases fall in the category of 'men who have sex with men', with 'heterosexual activity' coming in second. Of the 82 AIDS cases reported to date, 60 (51 male and 9 female) have resulted in death.

Healthy Child Development

The effect of prenatal and early childhood experiences on subsequent health, well-being, coping skills and competence is very powerful. Children born in low-income families are more likely than those born to high-income families to have low birth weights, to eat less nutritious food and to have more difficulty in school.

Currently, children and youth under the age of 20 comprise 24.5 percent of the population of the Province (25.5% for Canada), with approximately 127,820 children and youth residing in the Province. During 2000 there were 4,847 babies born in the Province.

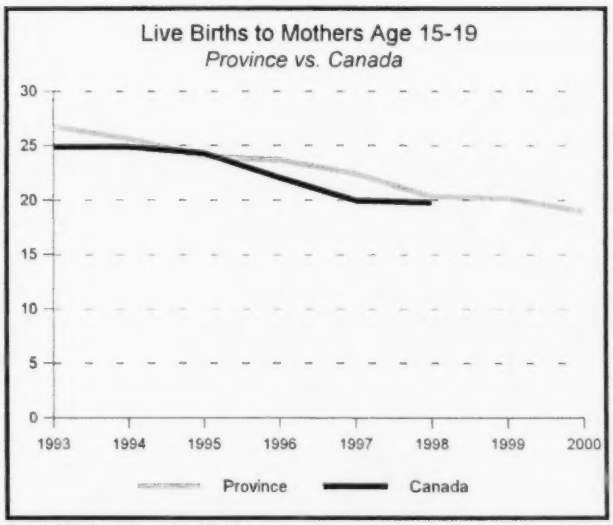
When discussing an issue such as healthy child development it is hard to ignore the incidence of children in families on Income Support. During 2000, over 39,905 families in the Province received Income Support at some point during the year. Over the past ten years, both the percentage of families on Income Support with children, and the total number of children on

Income Support has dropped. In 1991 there were 35,735 children in 20,055 families on Income Support, compared to 25,330 children in 15,365 families in 2000, but the vast majority of this change can be accounted for by the overall drop in the number of children in the Province.

A valuable service offered to families in this Province are the federally and provincially funded Family Resource Program sites located across the Province. These Programs focus on the promotion of well-being, emphasizing healthy child development and family functioning. Currently, there are 74 government funded Programs (including satellite sites) across the Province. Research has also shown that access to regulated child care increases the likelihood of healthy child development. The Province currently has 133 licensed child care centres (with 5 or more spaces), which provide space for a total of 4,500 children full-time (or more part-time). The majority of the full-time spaces in child care centres are occupied by children under the age of five. There are currently 24,603 children under the age of five in the Province.

Children born to teenage mothers are at higher risk for any number of difficulties. Pregnancy during the teen years disrupts educational achievement for the young mother and places her in jeopardy of low educational outcomes, poverty, and other forms of social exclusion. Adolescent motherhood is also associated with lone parenting which often brings its own set of challenges.

Although there has been a steady decrease in the number of children born to mothers age 15 to 19 (and very few births to mothers less than age 15) much of this can be accounted for by the declining number of 15 to 19 year-olds in the population as a whole. With this taken into account, a slight decline in the proportion of females age 15 to 19 having children is still evident. It should also be noted that this trend is not restricted to teenage mothers. The overall birth rate for the Province and Country, as a whole, is also declining.



Per 1,000 females age 15-19
National figures for 1999 & 2000 are not available at this time.

Source: Live Birth Notification System, Newfoundland & Labrador Centre for Health Information; Health Statistics at a Glance, 1999, Statistics Canada. Catalogue no. 82-F0075-XCB.; Births, 1998 Shelf Tables, Statistics Canada. Catalogue no. 84-F0210-XPB.

Babies born to teenage mothers tend to have lower birth weights than those born to older mothers. Babies born less than 2,500 grams (or 5.5 lbs.) can have a number of health concerns and these health concerns may sometimes result in death. The incidence of low birth weight babies for the Province (54.6/1,000 live births in 1998) is comparable to that of the Country (56.7/1,000 in 1998) as a whole.

Biology and Genetic Endowment

The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socioeconomic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular diseases or health problems.

The National Population Health Surveys have shown that there is a link between family history and heart disease. They have found that people over the age of 20 are more likely to be diagnosed with heart disease if they have a family history of the disease.

Diseases of the circulatory system are a major concern in this Province as they are the leading cause of death by disease and Newfoundlanders and Labradorians have the highest death rates due to diseases of the circulatory system in the Country. While the national rates of deaths due to diseases of the circulatory system have been steadily decreasing since 1986, this decline has not been seen in the Province. Provincially, these rates have been relatively constant since 1986, with males being generally more likely to die due to this cause than females.

Leading Causes of Death by Disease (1998)
Rates per 100,000 population

	M	F
Diseases of the Circulatory System (includes heart attacks, stroke, etc.)	343	300
Neoplasms (Cancers)	225	175
Diseases of the Respiratory System	80	53
Endocrine & Immunity Diseases (includes diabetes)	32	38

Source: Newfoundland & Labrador Centre for Health Information

For the Country overall, rates of death due to neoplasms (cancers) have been relatively constant since 1986, but the Province has seen a steady increase during this time and the rate of death for males has continued to be much higher than for females. While rates of death due to diseases of the respiratory system have been fairly consistent for the Province, males also continue to be more likely to die of this disease. These rates have also increased across the Country overall. Over the 12-year period from 1986 to 1997, the rate of death due to endocrine and immunity diseases has increased both provincially and nationally, and females have been generally more likely to die of this cause than males.

According to the National Population Health Survey (1998/99), incidence of some diagnosed chronic health conditions in the Province differed from that of the Country as a whole. While residents of the Province did not differ in their likelihood of having arthritis/rheumatism (NF: 14.4% vs. CD: 15.3%) or high blood pressure (NF: 11.1% vs. CD: 10.9%), differences have remained evident for diabetes and asthma. Data for the last three survey periods indicate that residents of this Province have the highest rate of diabetes in the Country. The rate of diabetes in the Province for 1998/99 was 5.2 percent, compared with a national rate of 3.5 percent. With regards to asthma, Newfoundlanders and Labradorians have had the lowest rate in the Country during this time period (NF: 6.5% vs. CD: 8.5).

These surveys have also found that Newfoundlanders and Labradorians, not unlike Canadians in general, tend to have high self-rated health statuses. In 1998/99, 31.6 percent (Canada: 31.9%) of residents of the Province rated their health as excellent, 43.2 percent (Canada: 37.2%) rated it as very good, and 16.8 percent (Canada: 23.0%) rated it as good. However, life expectancy remains among the lowest in the Country (NF: 77.7 years at birth vs. CD: 78.6 years at birth). As is the case across the Country, women in the Province tend to live longer than men (80.5 years vs. 75.0 years).

According to Statistics Canada's Health and Activity Limitation Survey (1991) ten percent of the population (approx. 57,953 people) of Newfoundland and Labrador has some form of physical or mental disability. This rate is highest among individuals over age 65 (41.4% or approx. 23,086 people). As of 1991, 97.5 percent of individuals under the age of 65 with disabilities were residing in households (2.5% were residing in institutions) compared to 85.6 percent for those age 65 or older (14.4% were residing in institutions). As a result of de-institutionalization, persons with disabilities now receive supports allowing them to reside in the community.

Social Environments

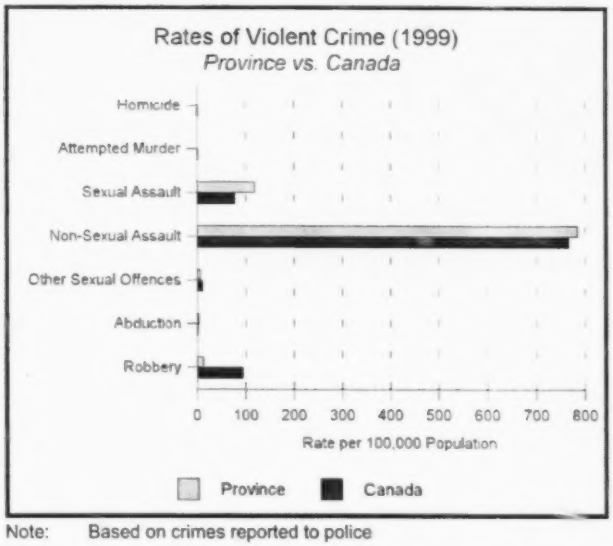
The array of values and norms of a society influence in varying ways the health and well-being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Studies have shown that low availability of emotional support and low social participation have a negative impact on health and well-being.

Results from the 1996 census provide us with a profile of the family characteristics throughout the Province and the Country. While family sizes in this Province tend to be small with two-person families comprising 36.8 percent (Canada: 43.4%) of all families, three-person families at 26.2 percent (Canada: 22.6%), four-person families at 25.8 percent (Canada: 23.0%), and five or more person families comprising only 11.1 percent (Canada: 11.0%), they are still more likely to be larger than the average Canadian family. The vast majority of families in Newfoundland and Labrador continue to be husband-wife families, with 90 percent of them being married. This is similar to the national picture. Lone-parent families comprise 13.1 percent of all families in the Province, compared to 14.5 percent for the Country as a whole, with the majority having only one child.

Income Support statistics indicate that while the proportion of households headed by youth under the age of 25 availing of Income Support has continued to decrease over the last several years, nearly 20 percent continue to be headed by youth. (Note: a household may contain only one individual.) As a result of the new Child, Youth and Family Services Act, the Health and Community Services and Integrated Boards also have legislative authority to enter

into agreements to provide services to youth age 16 and 17. In Newfoundland and Labrador there are 303 youths in receipt of residential services to live independently and 28 who continue to live at home but receive intervention services.

Incidence of crime, especially violent crime, in an area also affects one's health and well-being. Newfoundland and Labrador continues to have the lowest overall crime rate in the Country and the fourth lowest rate of violent crime; behind Quebec, Prince Edward Island, and Ontario. While the Province continues to have low rates of homicide, attempted murder, abduction, and robbery, our assault rate is higher than the national average. This is particularly noticeable when it comes to sexual assaults.



Note: Based on crimes reported to police

Source: Canadian Crime Statistics, 1999, Statistics Canada. Catalogue no. 85-205-XPE.

During 2000/01, there were 1,332 incarcerations from Provincial Courts in the Province. The provincial rate of incarcerations was 3.0 per 1,000 population. Youths aged 15 to 24 comprised 27.3 percent of all incarcerations, while individuals over the age of 54 accounted for only 5.8 percent.

Youth Correction Programs comprise the array of monitoring, supervision and support services designed for youth 12 to 17 years of age who have come into conflict with the law. In this Province, the program is separated into two main components: (1) the secure custody aspect, which includes detention in a facility for the purpose of remand (awaiting court appearance) or carrying out one's sentence, and (2) the community-based aspect, which involves open custody in select residences, probation supervision, and a number of support services. The Department of Justice has administrative responsibility for the secure custody component and the Department of Health and Community Services, through the Regional Health Boards, has responsibility for the

Profile of Youth in Custody (1998/99)

		Custody Status					
		Remand		***Secure Custody***		***Open Custody***	
Gender	***Male***	168	79.2%	171	87.7%	173	86.9%
	Female	44	20.8%	24	12.3%	26	13.1%
Age	***12-14 yrs.***	36	17.0%	22	11.3%	34	17.1%
	15-17 yrs.	176	83.0%	173	88.7%	165	82.9%
Type of Offence	***Violent***	43	20.3%	48	24.6%	38	19.1%
	Property	89	42.0%	98	50.3%	112	56.3%
	Other	80	37.7%	49	25.1%	49	24.6%

Source: Youth Custody and Community Services Data Tables, 1998-99, Canadian Centre for Justice Statistics.

community component. All organizations work closely together to deliver coordinated programming.

Data available for the fiscal year 1998/00 show that youth age 12 to 17 were subject to incarceration or custody experiences on 606 occasions. Two hundred and twelve of these events involved detention in remand (35%), while the remaining 394 were sentences for either secure or open custody. On average, on any given day in this Province, there are 13 youth in remand, 50 young people in the secure facility at Whitbourne, and 51 youth in open custody facilities throughout the Province. The incarceration rate (which includes these three levels of custody) is showing a downward trend and this is predicted to continue. While the data available do not allow for national comparisons, information available from some other provinces appears to be consistent with that of Newfoundland and Labrador.

In addition to youth who experience incarceration, there are, on average, 1,100 youth in any given month under a supervised probation order. Probation rates in this Province appear to be somewhat higher compared to other provinces for which comparable data are available.

Social Support Networks

Support from families, friends and communities is associated with better health. The importance of effective responses to stress and having the support of family and friends provides a caring and supportive relationship that seems to act as a buffer against health problems.

Newfoundlanders and Labradorians are among the most generous and caring in the Country when it comes to donating their time and money. According to Statistics Canada's recently released document, *Caring Canadians, Involved Canadians,* the residents of this Province lead the Country in volunteer hours, with the average volunteer giving 206 hours of their time annually; compared to a national average of 162 hours. Provincially, 31 percent of the population gives of their time to volunteer activities. This again, is higher than the national average of 26.7 percent. Additionally, eight out of ten Canadians reported that they contributed time, on their own, to assist people outside their household with basic activities such as: shopping, driving to appointments or stores, housework, baby-sitting and doing home maintenance or yard work for others.

What is of concern, is that between 1997 and 2000 there was a notable decrease across the Country in the number of individuals volunteering, while those volunteering were giving more hours. This may have some considerable implications for the future of a province, such as ours, that has relied heavily on unpaid supports both within and outside of the family. It is already apparent that it is difficult to recruit new volunteers and those who are volunteering are stressed to the limits. This needs to be taken as a caution to not take volunteer support for granted, assuming that we can count on a sustainable volunteer base into the future, and to be cautious that our volunteers are not taking on too much and, as a result, jeopardizing their own health and well-being.

According to the National Advisory Council on Aging, relatives and friends provide between 75 and 80 percent of all personal care in Canada. The vast majority of these caregivers are women and a large number are over the age of 60. The health system has always depended on these informal caregivers to provide a certain amount of care and they are an integral part of our communities. Again, the concern is that these people are getting older and are often taking on too much.

In addition to social supports received through one's family and friends, people often receive comfort and support through being a member of an organization or group. Like Canadians in general, just over 50 percent of Newfoundlanders and Labradorians aged 15 and older are members of an organization or group. These groups often play a vital role to people, especially in times of stress, and serve to strengthen communities as a whole.

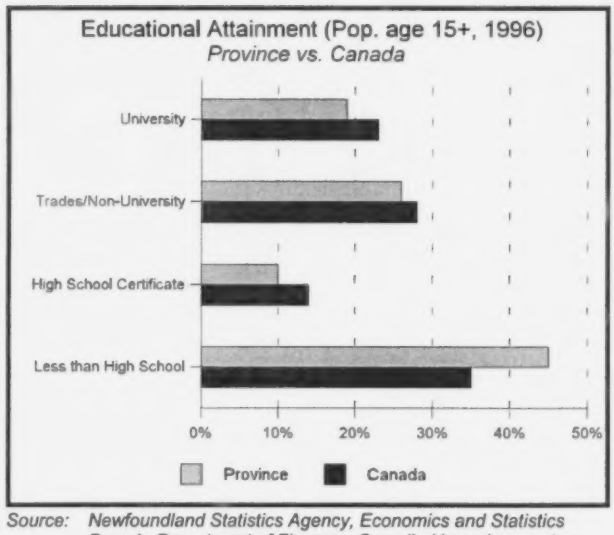
Education

Health status improves with level of education. Education increases opportunities for income and job security, and equips people with a sense of control over life circumstances - key factors that influence health.

The kindergarten to grade 12 school system in the Province consists of 11 school boards (337 schools), one being a provincial french first language board. The Province also has seven private schools, one Native Federal School, one institutional school, and one social services school. The Province also has a vast number and variety of post-secondary education facilities. Memorial University of Newfoundland is the only university in the Province, with three campuses: the St. John's Campus, the Fisheries and Marine Institute of Memorial University, and the Sir Wilfred Grenfell College. The public college, the College of the North Atlantic, has 18 campuses, four of which offer the College/University Transfer Program. Additionally, the Province has three nursing schools and 42 private college campuses.

High school pass rates across the Province have risen steadily from 63.5 percent in 1988/89 to 90.4 percent in 1999/2000. This represents an overall increase of nearly 27 percentage points in the last 12 years.

According to the 1996 census, 45 percent of individuals in the Province had less than a high school education. This is ten percent higher than the National figure of 35 percent and the highest of all the provinces in the Country. This may reflect the fact that the Province has a higher proportion of individuals over the age of 65 who are more likely to have not completed high school during the 1920's and 30's. Regardless, this needs to be taken into account in the day-to-day communications with people to ensure that they are provided with good information in a manner that they can understand in order to make informed choices about their lives.



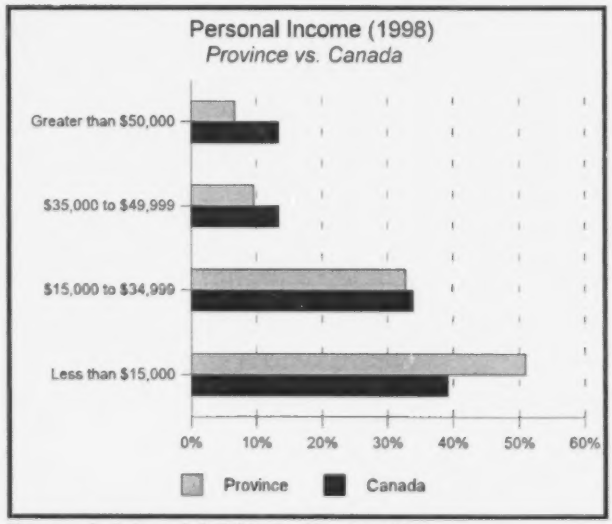
Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on custom tabulations from the Census of Population, 1996, Statistics Canada.

Recent data from the Labour Force Survey conducted by Statistics Canada indicates that our 19 to 20 year-olds have among the highest high school completion rates in the Country. Eighty-four percent of Newfoundlanders and Labradorians in this age group have completed high school, whereas this figure is 81 percent for Canada (excluding territories) as a whole.

Income and Social Status

Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.

Personal income in the Province is lower than that of the Country as a whole. One clear determinant of income level that continues to be seen is educational attainment. The higher an individual's educational attainment, the greater likelihood that they will be in a higher income bracket.



Note: Includes only individuals with reported income

Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on Canada Customs and Revenue Agency summary information as provided by Small Area and Administrative Data Division, Statistics Canada.

Personal income includes income obtained through the various social transfers such as: Old Age Security, Canada Pension Plan, Child Tax Benefits, GST Credit, Employment Insurance, Workers Compensation, Income Support, and NCARP/TAGS. In 1998, 25.0 percent of the personal income in the Province was from social transfers, as opposed to 12.8 percent for the Country as a whole. The most notable differences in the Province are in Employment Insurance and Old Age Security. This is typical of a province with seasonal employment and a larger proportion of seniors.

Figures published by the National Council on Welfare for March 2000, indicate that 11 percent of the population of the Province were in receipt of provincial welfare (referred to as the Income Support Program in Newfoundland and Labrador). This is the highest of all provinces in the Country, and well above the national average of 6.8 percent.

Employment and Working Conditions

Unemployment, underemployment and stressful work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities

According to the Newfoundland and Labrador Labour Activity Survey, the average weekly employment rate in 1999 for the working age population (18-64) in the Province was 59 percent. Some seasonality was also evident in the Province as a whole, as illustrated by a range in employment from 56 percent in winter to 63 percent during the summer. Of the working age population in the Province, 72 percent worked at some time during the year and 18 percent collected Employment Insurance at some point during the year. National data from Statistics Canada's Labour Force Survey, looking at labour force participation for all individuals age 15 and over, indicate that in 1999 the participation rate for Newfoundland and Labrador was the lowest of all provinces, with just over 56 percent of residents (Canada 65.6%) being in the labour force. Additionally, while some seasonality was evident for the Country as whole, it was less pronounced than that seen in the Province.

Not surprisingly, educational attainment was shown to be a major contributing factor to the employment rate, with those having completed a post-secondary program being significantly more likely to be working. The major employers in the Province were in the areas of public administration, health care and social services, retail trade, educational services, accommodation and food services, and construction.

One's age, gender, industry and occupation are all determinants of workplace injury. The average age at which a worker becomes injured in the Province is 37 and frequency of injury declines with age, while clinical severity generally increases. Work-related injuries occur at higher rates in men. Over the 10-year period from 1989 to 1998, 69.6 percent of all lost-time

claims were registered by males. During the same period, 49.3 percent of all lost-time injuries occurred in the service industry. This is not surprising given that over 60 percent of all provincial employers are classified in this category. The risk of injury is also dependent on one's occupation. The labouring profession has had the highest frequency of injury, with 12.1 percent of claims being registered by workers involved in labour and elemental work. Another interesting finding is that, in general, hourly paid employees have significantly higher rates of injury than salaried employees. Overall, the majority of claims are due to sprains and strains, primarily of the musculoskeletal origin, with the most common being back injury.

Physical Environments

Physical factors in the natural environment (e.g., air, water quality) are key influences on health. Factors in the human-built environment such as housing, workplace safety, community and road design are also important influences.

The 1996 Census found that home ownership in Newfoundland and Labrador is the highest of all provinces in the Country, with 77 percent of individuals owning their homes. This is significantly higher than the national average of 63 percent. For those owning their homes, the average monthly payment (including heat, light & municipal taxes) in the Province was much lower than that for the Country as a whole ($469 and $754, respectively), being the lowest of all provinces. This trend also held true, although to a lesser extent, for average monthly rental payments (including heat, light & any applicable municipal taxes) ($498 and $595, respectively).

As indicated in the previous section, the type of occupation one has and the sector one works in also are important determinants of one's health and well-being. An individual who works in a labouring profession and/or works in the service industry may be at a higher risk of injury.

Unintentional injuries (injuries and poisonings) are the leading cause of death due to external causes in the Province, as well as for the Country as a whole. Furthermore, they remain the leading cause of death among Newfoundlanders and Labradorians, and Canadians overall, under the age of 45; above diseases of the circulatory system, cancers, or other diseases. Nationally, it is estimated that 90 percent of deaths due to unintentional injuries are preventable.

Interestingly enough, while we have made many strides to reduce exposure to second-hand smoke over the past 10 years, the Newfoundland Adult Health Survey (2001) found that 40 percent of all respondents reported that they had been exposed to second-hand smoke in the past month, with the most commonly sited location being in public places (63%). Sixty-five percent of respondents also indicated that they are bothered by smoke from cigarettes and 88 percent said they supported having a 'No Smoking Policy' in public places.

Undoubtedly, the quality of the drinking water in a community is a concern for residents. While people often see water advisories as a concern for their health, illnesses due to water impurities are very rare in this Province. Although there are approximately 392 water supplies that currently have boil water advisories in affect (*September 26, 2001 figures*), these are precautionary measures and once the water is boiled it is completely safe for consumption. These advisories currently affect approximately 259 communities across the Province. The advisories are typically put into effect due to inadequate disinfection, inadequate chlorine levels, or unsatisfactory bacteriological test results.

An additional water quality issue that affects peoples' drinking water is Trihalomethanes (THMs). Out of the 333 tested water supplies across the Province, 70 do not conform to Health Canada guidelines of 100 micrograms per litre for THMs, while all other chemical testing indicates very good water quality. Efforts are currently under way to mitigate against high THMs levels for the communities in which they have been identified.

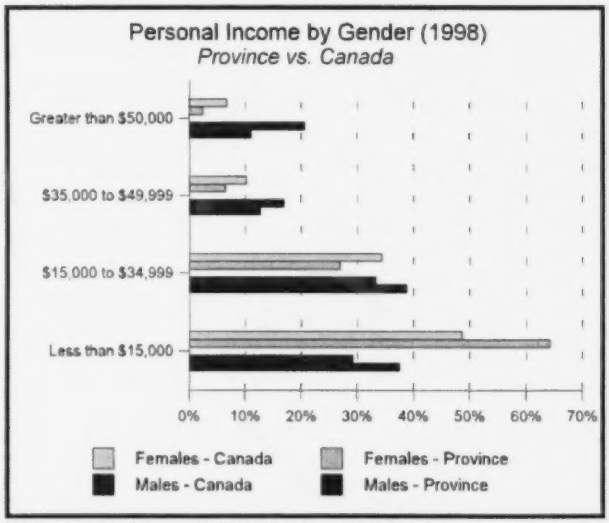
Gender

Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. 'Gendered' norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles. Women, for example, are more vulnerable to gender-based sexual or physical violence, low income, lone parenthood, gender-based causes of exposure to health risks and threats (e.g., accidents, STDs, suicide, smoking, substance abuse, prescription drugs, physical inactivity). Measures to address gender inequality and gender bias within and beyond the health system will improve population health.

High school pass rates continue to be substantially higher among females than males. The continued lower pass rate seen for males remains a considerable source of concern. While the pass rate for males has risen over the past 12 years, there is still a very noticeable gap. In 2000, the pass rate for females was 93.4 percent compared to 87.1 percent for males.

While historically, overall differences in educational attainment throughout the population were apparent between males and females, this overall difference has all but disappeared in the Province, but is still evident to a small degree for the Country as a whole for post-secondary education. However, more recent provincial data indicate that females between the ages of 25 and 39 are more likely to have completed a post-secondary education and overall, females are less likely to have very low levels of education (8 years or less). Although females have made considerable progress in the area of educational attainment, significant differences still remain in levels of income. This is not specific to the Province and remains an issue of national and international concern. Significantly higher proportions of females remain in the lowest income brackets and few achieve the higher incomes. As of 1998 females in the

Province continued to earn an average of 42 percent less than men. Additionally, when one looks at employment rates in the population of the Province, woman are ten percent less likely to be employed than men. These factors have significant implications for women and continue into their pensionable years.



Note: Includes only individuals with reported income
Source: Newfoundland Statistics Agency, Economics and Statistics Branch, Department of Finance. Compiled based on Canada Customs and Revenue Agency summary information as provided by Small Area and Administrative Data Division, Statistics Canada.

Women continue to be the major caregivers in our Province, both informal and formal. The large majority of front-line health professionals (nurses, social workers, and licensed practical nurses) are women and women continue to provide the vast majority of personal care through home support services and unpaid support to relatives and friends. Additionally, women live longer and may require personal care themselves for longer periods of time. This, coupled with gender differences in income and employment, may have a significant impact for the futures of women in this Province and the Country as a whole.

Culture

Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services

While the Province has a broad cultural diversity, historically, having been settled by peoples from all over the globe, English is by far the most common language spoken in homes across the Province (98.5%); with small proportions of the population speaking French (0.4%), Aboriginal languages (0.3%), Germanic languages (0.15%), Chinese (0.13%), and other languages (0.52%). The cultural diversity in this Province is more widely seen through the variety of traditions and religious practices throughout the Province.

Aboriginal culture is a vital part of the Province's identity. Although small in number, four distinct aboriginal groups provide a wealth of tradition and teachings that are a powerful force in the Province. While clustered primarily in Labrador, aboriginal peoples also live throughout the island portion of the Province. The only recognized reserve, Conne River, is located in

Central Newfoundland and is comprised of approximately 1,800 individuals belonging to the Miawpukek Mi'kmaq Band. Other members of this registered band live off reserve in the communities of Glenwood and St. Albans.

Aboriginals living in Labrador are comprised of three diverse groups: the Inuit, Innu and Metis. Approximately, 1,600 Innu live in the communities of Sheshatshiu (1,000) and Davis Inlet (600). The federal government is currently involved in the relocation of the Innu in Davis Bay to a new community, Natuashish, in Sango Bay. Approximately 2,500 Inuit live in five coastal communities in northern Labrador with 2,000 living in Happy Valley-Goose Bay. The Metis group is composed of approximately 5,000 individuals of Inuit and European descent. The majority of Metis live in Happy Valley-Goose Bay and communities on the coast of Labrador. Although recognized as having aboriginal ancestry, the Metis are not officially recognized as an aboriginal group.

Conclusion

Newfoundland and Labrador is a diverse and interesting province that is rich in tradition, history, and uniqueness. In the last decade, the provincial population has declined steadily due to the effects of out-migration, decreasing birth rates, and increasing mortality. Its fourteen health boards provide health and community services to a population that is approximately one third of other Atlantic Provinces combined but covers more than three times the geographic area. We have much to learn from each other and our history that can be of great benefit as we plan for a prosperous future. Our provincial health and community services system has been, and will continue to be, improved as a result of the participation, commitment and hard work of many individuals and organizations throughout the Province. The people of Newfoundland and Labrador know that their continued involvement is critical to a sound decision making process within the health sector. Successful outcomes will be achieved if we all work together. If you would like to provide any further input into this process, please fell free to respond to *Reaching Consensus and Planning Ahead.*

References

Canadian Institute for Health Information (2001). *Health Care in Canada.*

Federal, Provincial and Territorial Advisory Committee on Population Health (1999). *Toward a Healthy Future: Second Report on the Health of Canadians.*

Federal, Provincial and Territorial Advisory Committee on Population Health (1999). *Statistical Report on the Health of Canadians.*

Statistics Canada (1999). *Canadian Crime Statistics.* Catalogue no. 85-205-XPE.

Statistics Canada (2001). *Caring Canadians, Involved Canadians: Highlights from the 2000 National Survey of Giving, Volunteering and Participating.* Catalogue no. 71-542-XIE.

Statistics Canada (Revised October 29, 1992). *Health and Activity Limitation Survey, 1991, Back-up Tables Newfoundland.*

Statistics Canada (2001). *Health Indicators, June 2001.* Catalogue no. 82-221-XIE.

Other Sources of Information

Department of Health and Community Services web Site: *www.gov.nf.ca/health*

Healthy Newfoundland and Labrador Web Site: *www.healthy.nf.ca*

Department of Finance:
Economics & Statistics Branch Web Site: *www.economics.gov.nf.ca*
Newfoundland Statistics Agency Web Site: *www.nfstats.gov.nf.ca*

Newfoundland and Labrador Centre for Health Information Web Site: *www.nlchi.nf.ca*

Canadian Institute for Health Information Web Site: *www.cihi.ca*

Statistics Canada Web Site: *www.statcan.ca*

Newfoundland and Labrador Health Boards Association Web Site: *www.nlhba.nf.ca*

Memorial University Faculty of Medicine Web Site: *www.med.mun.ca/med.*

Health and Community Services - St. John's Region Web Site: *www.commhealth.nf.ca*

Health and Community Services - Eastern Region Web Site: *www.hcse.ca*

Health and Community Services - Central Region Web Site: *www.hcsc.nfld.net*

Health and Community Services - Western Region Web Site: *www.hcsw.nf.ca*

Grenfell Regional Health Services Web Site: *www.grhs.nf.ca*

Health Labrador Corporation Web Site: *www.hlc.nf.ca*

Health Care Corporation of St. John's Web Site: *www.hccsj.nf.ca*

Peninsulas Health Care Board Web Site: *www.phcc.nf.net*

Central East Health Care Institutions Board Web Site: *www.cehcib.nf.ca*

Central West Health Corporation Web Site: *www.cwhc.nf.ca*

Western Health Care Corporation Web Site: *www.healthwest.nf.ca*

St. John's Nursing Home Board Web Site: *www.sjnhb.nf.ca*

Newfoundland Cancer Treatment & Research Foundation Web Site: *www.nctrf.nf.ca*

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